

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-873)

SERIAL NO.

10/585995

FILING DATE

APPLICANT(S)

*Ex. Amdt* CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6	1		1			
7		6		6		
8	1		1			
9		1		1		
10	1		1			
11			1			
12				1		
13				1		
14				1		
15			1			
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TOTAL IND.	4	↓	5	↓		↓
TOTAL DEP.	11	←	20	←		←
TOTAL CLAIMS	15		25			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						